



Emily Garcia #17182

Last edited by Emily Garcia on Mar 14, 2017 at 5:12 PM



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2.6/5
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5/5
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1/5
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Monetary Value

\$50.00 Donations	0.00 Volunteer Hours	\$0.00 Event Registrations
0 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total \$50.00

Configure Edit

NAME	
First	Emily
Middle	—
Last	Garcia
Preferred	Emily
Prefix	—
Suffix	—
Salutation	—

MEMBERSHIP	
Account Current	—
Membership Status	—
Membership Term	—
Membership Level	—
Membership Directory	—
Directory Opt-In Status	Automatically Opted In

ACCOUNT DETAILS	
Type	—
Source	—
Household	—
Employment	—
Gender	—
Birthday	—
Login	egarcia Last logged in: Mar 14, 2017 at 5:12 PM
Login Confirmed	—

CONTACT	
Phone	(505) 699-6644
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	emily@emilygarcia.com
Other	—
Other	—

Address	
Copy Map	
P.O. Box 2659 Santa Fe, NM 87504 United States of America	
County	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	—
Preferred Contact Reason	—

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	—	Start year with ASPNM	—
Emergency Contact Phone Number	—	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	—
Interested in winter program	—	Ethnicity	—
Ski Area	—	Race	—
Staff Only: waiver due date	—	Military Service	—
VOLUNTEER		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	—
How did you hear about ASPNM?	—	Date of Injury	—
Why would you like to be a part of the ASPNM?	—	Which Military Branch did you serve in (select all the apply)	—
ASP offers a wide variety of ways to get involved, including sports instructors, committee participation, and more! For which ASP events would you be interested in volunteering?	—	Height	—
Have you ever taught Adaptive Sports of any kind?	—	Weight	—
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	—
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	—
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	—
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	—
Summer Sports equipment owned?	—	Current activities	—
Other sport skills/experience?	—	Medications	—
Non-sport Volunteer?	—	Seizures	—
What skills do you have that you would consider contributing	—	If yes, date of last seizure	—
		Food or medication allergies	—
		Need to limit activities?	—
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	—
		Comprehension	—